

**MEDIATION AND DUE PROCESS HEARINGS UNDER THE INDIVIDUALS WITH DISABILITIES  
EDUCATION IMPROVEMENT ACT OF 2004(IDEA)**

IDEA provides for mediation and due process hearings to resolve disputes relating to the education of children with disabilities to ensure that each child receives a Free and Appropriate Public Education (FAPE) tailored to his/her unique needs. The process is initiated by serving a completed Request for Due Process Hearing and Mediation (generally called a Complaint) on the persons or entities you name as parties to the proceeding. Attached is a form that you should use to request a due process hearing and mediation on behalf of a particular child. You should be aware that the IDEA has very specific requirements regarding the information to be included on the request. If the information requested is incorrect, incomplete or not provided, your request for a due process hearing may be delayed until the request meets legal requirements. Once completed your request must be properly served on all of the named parties you have identified and a copy provided to the Office of Administrative Hearings.

**BEFORE FILLING OUT THIS REQUEST PLEASE TAKE THE TIME TO READ THE FOLLOWING  
EXCERPTS FROM APPLICABLE FEDERAL STATUTES:**

The Request for Due Process Hearing and Mediation (Complaint) **shall** include:

“the name of the child, the address of the residence of the child (or available contact information in the case of a homeless child), and the name of the school the child is attending...” (20 U.S.C. § 1415 (b)(7)(A)(ii)(I));

“a description of the nature of the problem of the child relating to such proposed initiation or change, including facts relating to such problem....”(20 U.S.C. § 1415 (b)(7)(A)(ii)(III)) and

“a proposed resolution of the problem to the extent known and available to the party at the time.” (20 U.S.C. § 1415 (b)(7)(A)(ii)(IV))

Either party now has the right to challenge the sufficiency of any Complaint. (20 U.S.C. § 1415 (c)(2)(A))

The party filing the Complaint is not entitled to a due process hearing if the Complaint does not comply with 20 U.S.C. § 1415 (b)(7)(A). (20 U.S.C. § 1415 (b)(7)(B))

The determination of whether a Complaint is sufficient and in compliance with the requirements of 20 U.S.C. § 1415 (b)(7)(A), shall be made by an administrative law judge solely on the content of the Complaint. (20 U.S.C. § 1415 (c)(2)(D))

A party may amend its Complaint only if: (I) the other party consents in writing and a Resolution Session is held; or (II) if permitted by the Administrative Law Judge. (20 U.S.C. § 1415 (c)(2)(E)(i))

All timelines, including those for a Resolution Session, start over upon the filing of an amended Complaint. (20 U.S.C. § 1415 (c)(2)(E)(ii))

## REQUEST FOR MEDIATION AND DUE PROCESS HEARING

**IMPORTANT:** This form is designed to assist parties in requesting mediation services and a due process hearing. Provide all information requested. Failure to provide all information may result in delay or dismissal of your hearing request. The Special Education Division will contact you regarding your hearing request.

This Request is being initiated by the ☐ Parent ☐ School District (or other LEA)

STUDENT INFORMATION	PARENT INFORMATION
First and Last Name (Required)	First and Last Name
Street Address (Required)	Street Address
City, Zip Code (Required)	City, Zip Code
Date of Birth	Home Phone
Grade Level	Work Phone
Student's Primary Language (Required)	Cell Phone
School of Attendance (Required)	Fax
District of Residence (Required)	
Is the Student a person of color? Please check the appropriate box. (California Department of Education requirement)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State	

## PARTIES TO BE NAMED

**INSTRUCTIONS:** Below, please list the Parties to be named in the Due Process Hearing Request. This includes any school district, county office of education or other public agencies responsible for providing services you feel should be a party in the hearing. (Use additional sheets if necessary)

Additional Party and Address
Additional Party and Address
Additional Party and Address

**STATEMENT OF REASON(S) FOR REQUEST:** Federal and state law require you describe with specificity the nature of the problem(s)/complaint(s). Simply describing a problem as "Student denied FAPE for school year 2005-2006" is insufficient. Include facts, dates, references to specific IEP provisions, etc. Lack of specificity in identifying problem(s)/complaint(s) may result in the dismissal of this Due Process Hearing Request.

**PROPOSED RESOLUTION FOR EACH PROBLEM/COMPLAINT:** Federal law requires that you provide a proposed resolution to each identified problem/complaint to the extent known. Again, please be as specific as possible. A proposed resolution that the District "provide a Free Appropriate Public Education (FAPE)" is insufficient. In the space below please identify specific problem(s)/complaint(s) and a proposed resolution for each to the extent known. All that is required and recommended is a simple, clear, concise statement of the problem/complaint. If you run out of space, use additional sheets with the same format. Lengthy narratives often create more confusion than clarity and are not a substitute for a clear statement of the dispute. If a narrative is included, attach it to your Request.

Problem/Complaint #1: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Resolution #1: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Problem/Complaint #2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Resolution #2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Problem/Complaint #3: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Resolution #3: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Problem/Complaint #4: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Resolution #4: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Problem/Complaint #5: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Resolution #5: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Problem/Complaint #6: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Resolution #6: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NECESSITY OF INTERPRETER

Person(s) needing interpreter services:

Language:


## SIGNATURE OF PARTY REQUESTING DUE PROCESS HEARING

Please Print Name in this block	
Please Sign Name in this block	Date

## STATEMENT OF SERVICE

**INSTRUCTIONS:** Federal and state law require you to send or deliver a copy of this Request to each of the named parties. Additionally, you must send or deliver a copy to the Special Education Division. Retain a copy for yourself. Please indicate your compliance with this requirement by checking the appropriate box below. In the event a legal representative makes service, please attach a copy of the proof of service.

**I have provided a copy of this Request for Due Process Hearing and Mediation to all the named parties and to the Special Education Division by:**

- ☐ First Class Mail
- ☐ Facsimile Transmission
- ☐ Messenger Service (UPS, FedEx, Other courier service) Please attach proof of service
- ☐ Personal Delivery (If other than requestor please name person who made service)

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Signature of person completing this Statement of Service